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From:

Dariush G. Adli

For internal purposes only:

Date:

February 12, 2007

Client number: 89227.0005

Time:

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MESSAGE:

Patent Application No.: 10/667,134; Our Ref. 89227.0005

62

I hereby certify that the following documents:

- □ Petition for Extension of Time (2 months)

are being facsimiled to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above-identified application.

> February 12, 2007 Date of Deposit

Baltimore Beljing Berlin Boulder Brussels Budapest Caracas Colorado Springs Denver Geneva Hong Kong London Los Angeles Miami Moscow Munich New York Northern Virginia Ports Shanghai Tokyo Warsaw Washington, D.C. \\\\\.A - 089227/000005 - 338254 v1

89227,0005 Patent Application No. 10/667.134

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Kan FUJIHARA, et al.

Serial No:

10/667 134

Confirmation No. 7184

Filed:

September 19, 2003

From-Hogan&Hartson

For:

POLYIMIDE FILM AND LAMINATE HAVING METAL LAYER AND SAME

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sic.

Transmitted herewith is an amendment in the above-identified application.

Art Unit: Examiner:

1711 Thao T. Tran

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FEB 1 2 2007

I hereby certify that this correspondence is being transmitted via facsimile to (571)273-8300:

Mail Stop Preliminary Amendment Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450 on

February 12, 2007 Date of Deposit

Diane Zynn Name Signature

02/12/07 Date

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM S ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	23		27	-	0	LG=\$50 SM=\$25	\$50	3	0
INDEPENDENT CLAIMŞ FEE	8	-	10	•	0	1/2-2020	200	\$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180						5	0		
Independent Claims: 5, 11, 18, 19, 25, 27, 28, 31							\$	0	

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space. If the 'Highest Number Previously Paid For' IN THIS SPACE is loss than 3, write "3" in this space. The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

Please charge the fee of \$__ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

図 Please charge the fee of \$ 450 for the 2 month extension of time extending to February 11, 2007 (Sunday) to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this \boxtimes communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

X X Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted. HOGAN & HARTSON L.L.P.

Date: February 12, 2007

1999 Avenue of the Stars, Suite 1400 Los Angeles, California 90067

Telephone: 310-785-4600 Facsimile: 310-785-4601

Daritish G. Adli Registration No. 51,386 Attorney for Applicant(s)

WLA - 089227/000005 - 338240 v1

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89227,0005

Patent Application No. 10/667,134

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Alexandria, VA 22313-1450 on

February 12, 2007 Date of Deposit

<u>Diane Zynn</u>

Signature

Name 1/1 on

02/12/07

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	(COI, 1) CLAIMS REMAINING AFTER AMENDMENT			(Col. 2) SHEST NUMBER NOUSLY PAID FOR		LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	23	-	27	**	0	LG=\$50 SM=\$25	\$50	\$	0
INDEPENDENT CLAIMS FEE	8		10	*	0	LG=\$200 SM=\$100	\$200	\$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180			٥
Independent Claims: 5, 11, 18, 19, 26, 27, 28, 31						TOTAL			0

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

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